**CENTRAL LYON HIGH SCHOOL TRANSCRIPT REQUEST FORM**

Name student used ***while in school*** (e.g. maiden name of female student):

Last First Middle

Graduation Year or Last Year Attended:

Address where transcript will be mailed:

Telephone number where you can be reached:

Student Signature (current name used) Date

------------------------------------------------------------------------------------------------------------

* Check when sent Date Initials

**CENTRAL LYON HIGH SCHOOL TRANSCRIPT REQUEST FORM**

Name student used ***while in school*** (e.g. maiden name of female student):

Last First Middle

Graduation Year or Last Year Attended:

Address where transcript will be mailed:

Telephone number where you can be reached:

Student Signature (current name used) Date

------------------------------------------------------------------------------------------------------------

Check when sent Date Initials